

Consent for Background Check for Family Child Care

This form should be completed and mailed to EEC with the Application for Family Child Care License, Assistant Certificate, or letter of approval. Please read this form before completing and signing it. A separate form must be completed by the applicant or renewal applicant for a family child care license, assistant's certificate or letter of approval. In addition, each household member over age 15 and each individual regularly on the premises of a family child care applicant's or provider's home must complete a separate Background Record Check (BRC) Consent Form. Signing this form means you are granting the Department of Early Education and Care permission to complete:

- a criminal offender record investigation (CORI) on you, and
- a check of the DCF Central Registry and the DCF Registry of Alleged Perpetrators of abuse or neglect of a child.

I am seeking this BRC because: *(Check all that apply)*

☐ I am applying for a Family Child Care License, Certified Assistant Certificate or Regular Assistant Letter of Approval

☐ I live in the household of a Family Child Care Applicant / Provider

☐ I am regularly on the premises of the Family Child Care Applicant / Provider

The Name of the Family Child Care Applicant / Provider is:

Applicant / Provider

Applicant / Provider Address

INFORMATION ABOUT THE BACKGROUND CHECK APPLICANT:

Last Name First Name Middle Initial Sex: (M/F)

Current Mailing Address Date of Birth

Town State Zip XXX/- /-
Last 6 digits of Social Security # (required)

If you have never been issued a social security # check here _____

Maiden Name other former surnames or maiden names (list all)

Dates and Places of Residence(s) for the past 6 years: (if necessary, add additional addresses on a separate sheet)

From	To	Number & Street	City	State	Zip
present					

In the past 10 years have you resided in any other state?

Where/When: _____

CERTIFICATION

A false answer to any question in this statement may be grounds for not issuing a license /certificate or for revocation of a license. I certify that all the statements made by me are true, complete and correct to the best of my knowledge and belief, and are made in good faith.

Signature

Date

OFFICE USE ONLY

Program Number:

Provider:

Address: